

[[TITLE:PAD-RELEASE NOTES 4.61  
[:NUMBER:SET=1  
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[[SEARCH:SPECIAL CONCERNS  
[:K:Special Concerns  
[[SEARCH:DIFFERENCES FROM PREVIOUS SOFTWARE RELEASE  
[:K:Differences from Previous Software Release

SAIC D/SIDDOMS Doc. DS-46DA-6029  
26 May 1998

RELEASE NOTES: CHCS-4.61 - PAD

This release contains changes to existing software resulting from System Incident Reports (SIRs) and new functionality resulting from Unit Development Folders (UDFs).

Release notes are included in the Online Users Manual (OLUM) and transmitted on electronic mail through separate messages by system or subsystem for each software version.

#### 1. SPECIAL CONCERNS

Site Operations Personnel: Be sure to read the CHCS Installation Guide for any software installation concerns.

#### 2. DIFFERENCES FROM PREVIOUS SOFTWARE RELEASE

##### GP GP EXTRACTOR ERROR DRIVER [Secondary Menu Option]

The GP Extractor Error Driver utility allows you to resolve data discrepancies which were identified when the system scanned specific fields in CHCS to capture records with missing or incorrect data. The identified records are placed in an exception file. The system compiles an exception report from that file, listing the errors by patient name or error type. The data inconsistencies must then be resolved through mini-registration. After each patient's record is updated, CHCS sends a Health Level Seven (HL7) message to the Master Patient Locator (MPL) database, then deletes the entry from the exception report. (PAD 090962)

A system error is no longer generated when a site runs the GP Extractor Error Driver for the first time. (SIR 26455) (SCC 970496455)

If a user reenters the GP Extractor Error utility by answering "No" at the End Session prompt, the system now correctly identifies all error types that have not yet been processed. Previously, some error types no longer displayed, which could result in the user incorrectly assuming that a particular error type was resolved. (SIR 26475) (SCC 970796475)

Records with no name or sponsor will no longer appear on the exception report. Current records on the exception report now receive an error message preventing you from processing the record. (SIR 26499) (SCC 970796499)

[[SEARCH:Registration Options Menu  
[:K:...

ROM Registration Options Menu  
FRG Full Registration

This modification to CHCS allows you to enter a patient's 'Patient Category' (PATCAT) and complete the patient registration if a registration number has not yet been assigned. However, once the registration number is assigned, any changes to the PatCat must continue to be done through Corrections Management.

Previously, if a patient registration was activated without entering a PATCAT, the field was locked and could not be modified by the PAD user. (SIR 24380) (SCC 960100518)

In this version of CHCS, you must enter a "Y" or "N" at the Flying Status field, when registering a Recruit or Cadet. If this field is left blank you will receive a Data Inconsistency Error. (SIR 25953)

CHCS was modified to include 'Sex' as a required field on the Initial Sponsor Information screen. The data captured from the Initial Sponsor Information screen, is also added to the sponsor section of Mini Registration and the Sponsor Information screen in Full Registration. When editing a dependent patient registration that occurred before this change, you must enter a "M" or "F" in the sponsor's Sex field before filing the registration. (SIR 26446) (SCC 970500410)

This modification to CHCS allows you to read a patient's individual Social Security number (ISSN) from a Military ID card bar code. This gives the admission clerk a fast, efficient, method for patient lookup and retrieval. (SIR 26260) (SCC 970200553)

You no longer receive a system error when correcting data in the 'SEX' field on the full registration screens. Previously, if you changed the gender data a system error occurred. (SIR 27024) (SCC 970800279)

In the mini and full registration options, Military Station/Unit is a required field for active duty patients and their family members. When entered for a family member, the Station/Unit is recorded in the active duty member's record in the Patient file. Previously, you could enter either a valid entry from the Unit Identification Code (UIC) file (#8111) or a free text entry. If the system did not recognize your input as a valid entry from the UIC file, it responded, "Use As Is?" If you entered YES, the system stored the value as a free-text entry in the Military Station/Unit field of the active duty sponsor.

This project will remove the "Use As Is?" option from the registration options in CHCS, eliminate the use of the free-text field from the Patient file, and force you to establish a pointer to a valid entry in the UIC file. CHCS will also display the Code of the Military Station/Unit in addition to the Name on registration screens so that you can easily see which entry was entered in the case of duplicate UIC names.

When you change an existing Military Station/Unit for an active-duty patient who is also enrolled in managed care, the system will trigger a change to the UIC as recorded in the cross-references of the Managed Care Program (MCP) Patient file. Previously, the system manager had to task a weekly job to identify changes in the Military Station/Unit in the Patient file for MCP enrollees and correct the UIC entry in the MCP Patient file accordingly. (PAD 092201)

#### **MRG Mini Registration**

This modification to CHCS ensures that pseudo SSNs are unique to one person. A system check implemented during patient registration or edit, John Doe registration, or Mass Casualty (MASCAL) admission prevents the system from assigning the same pseudo SSN to more than one patient.

In the previous versions of CHCS, two patients could concurrently have the same

pseudo SSN if one of the patients was a dependent with a birthdate of today and the other was a John Doe registration entered on the same day. In this case, both the newborn and the John Doe had the same pseudo SSN. (SIR 23861)

CHCS was modified to allow any sponsor, spouse, or FMP (with the exception of FMP 98 or 99) to be used in conjunction with Patient Category K65. Previously, the system expected the FMP of Patient Category K65 to be 20 (active duty). (SIR 25932)

The system now displays the correct date/time information in the Last Registration Date field. Previously, the system displayed a zero in this field. (SIR 27761) (SCC 980297761)

The system now updates the Outpatient Record Location field to reflect the correct location of the record. If the record has been retired or transferred, the system displays the appropriate Records Management Center or the appropriate Hospital Location Name. (SIR 28193) (SCC 980498193)

[[SEARCH:Patient Management Menu  
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**PMM Patient Management Menu**

**EPD Exclude Potential Duplicate Patients**

You no longer receive a system error when you exclude patients as potential duplicates on the Duplicate Patient Report. (SIR 23469) (SCC 950800395)

**IDP Identify Duplicate Patients**

This modification to CHCS prevents you from identifying Ambulatory Procedure Visit (APV) patients as potential duplicates to be merged. When you enter the requested information for the Duplicate and Correct patients, CHCS verifies that neither patient has a current or future APV page. If so, the potential duplicate identification process continues; however, if either patient has a current or future APV page, the system displays a warning message preventing you from continuing the process. The same warning message displays in the Individual Duplicate Patient Search (IDS) and Merge/Transfer Patient Data (MPD) options if the same criteria is met. (PAD 092415)

**MPD Merge/Transfer Patient Data**

This modification to CHCS is a general patient merge fix in both Patient Administration (PAD) and Medical Services Accounting (MSA). Previously, the software assumed that the division of episodes would be that of the user ordering the merge; the FMP/SSN of the duplicate patient was not being retained as the alias FMP/SSN in the correct patient's record; the SSN of the duplicate patient was being erased; and various cross-references on the duplicate patient did not have the necessary kill logic. (SIR 26436) (SCC 970300518)

You no longer receive a system error when multiple patient merges are requested. Previously, if two merges were queued to run at the same time, the second process generated a system error. (SIR 26678) (SCC 970400508)

You no longer receive a system error when merging a patient who has a future dated admission with pending orders. (SIR 27513) (SCC 971200435)

This modification to CHCS ensures that when you queue a patient merge, the process that monitors the system locks works properly. Previously, the process that monitors the locking of all subsystems ran faster than the process that locks a single subsystem, resulting in duplicate name errors and multiple merging of the

same patients. (SIR 27617) (SCC 980197617)

#### **PDS Potential Duplicate Patient Search**

This modification to CHCS ensures that when the Potential Duplicate Patient Search output is queued to a "spool," a spool report is created, and may be printed by accessing the Print Spooled Report (PSR) option. (SIR 25568) (SCC 960700756)

#### **VRP View Received Patients**

The View Received Patients option allows you to review a list of incoming HL7 patient records that were not added to the system because they had matching FMP/SSNs, and compare the patient data to patient data currently residing in the database.

The receiving site generates a bulletin indicating that an incoming HL7 message had a conflicting FMP/SSN and sends a "Mismatched Patients" acknowledgement back to the site that generated the HL7 message. PAS software then generates a bulletin indicating that the patient was not added at the receiving site.

The system displays the incoming HL7 patient list which consists of patients who have an FMP/SSN that matches one on an existing patient record, but has no other matching data. The patients display according to the date and time the message was received. The system allows you to select patients from the list. Once you make your selection, the system displays mini registration data of the incoming patient record next to the existing patient's record, for easy comparison.

Additionally, the system allows you to print and permanently delete the incoming record data. If you resolve the conflicting data for the existing patient record by eliminating the matching FMP/SSN, the system also allows you to add the incoming patient record. Note: This option also provides access to help text and the Online Users Manual (OLUM).

Any changes to the existing patient record must be made through a registration option. To modify the incoming patient record, the PAD site supervisor must contact the sending facility and reconcile the discrepancies.

The HL7 messages are retained in the PAD Incoming Message Exceptions file and purged at a user-specified interval. The default time period is 14 days.

The Patient Management Menu (PMM) must be added as a Secondary Menu option, at the regional level. For local sites, access to the View Received Patients (VRP) option is available on the Registration Options Menu (ROM) -> PMM -> VRP menu path. Access to this option is locked by a security key at both the regional and local level and should only be given to PAD supervisors who are permitted to resolve duplicate patient issues. (PAD 092956)

#### **ROUT Registration Output Menu**

##### **1 Emboss Card**

When you print an embossed card for an active duty family member, the system now prints the active-duty sponsor's UIC on the card. Previously, although the card was formatted to include the sponsor's UIC, it did not print on the embossed card. (SIR 26724) (SCC 970800279)

##### **4 TPC Insurance Worksheet**

In this version of CHCS, several changes were made to the Third Party Collections (TPC) Insurance Worksheet. The following is the list of changes that were made:

1. The register number was added to the end of the name block in Section I. It now appears as "NAME/REG."
  2. Date formats were changed from "YYMMDD" to "MMDDYY."
  3. "YYMMDD" was changed to read "DDMMYY."
  4. "MMDDYY" was added to all date fields.
  5. If you select an episode of care, the register number will print after the patient name.
  6. "Include Area Code/Extension" was changed to read "Include Area Code."
  7. "INSURED" was changed to read "POLICY HOLDER."
  8. Section II.f was exchanged with Section II.g.
  9. Sections II.d, II.e, and, VI.d to VI.e were deleted and the lettering of Section II was reordered.
  10. "CHAMPUS Fiscal Intermediaries (FIs)" was changed to read "the TRICARE Support Office contractors."
- (This option may also be accessed on the MSA>IFM>OPM>WRK menu path.) (SCRs 95-3534 & 96-3809)

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[[SEARCH:ADT Processing Menu
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[[SEARCH:Admission
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#### **ADT ADT Processing Menu**

##### **ADM Admission**

A system error is no longer generated when you admit and transfer a patient using the Clinical software, admit and process the same patient using the PAD software, then enter a double question mark '??' at the Room-Bed field in PAD. (SIR 24004) (SCC 951200755)

This modification to CHCS prevents you admitting a newborn to one division and the mother to another. (SIR 24569) (SCC 960400893)

CHCS was modified as of 1 October 1996, to make the newborn billing policy for MSA consistent with the TPC Program. Effective 1 October 1996 or T+1 (where T was the installation date), whichever date was later, MSA billing for newborns is from the date of birth. Newborns dispositioned on or after the implementation of this change now accrue charges from the date of admission. Newborns dispositioned prior to the implementation date are processed under the old rules. A retroactive recalculation of MSA accounts was not done.

Previously, the newborn billing policy was inconsistent between the TPC and MSA programs. If the mother and newborn had other health insurance (OHI), separate claims were established for the mother and baby under the TPC billing. However, if the mother and baby did not have OHI, an MSA-billable account was only established for the mother unless the mother was dispositioned and the baby remained in the hospital. (This SIR also affects the following option: Cashier Action Screen.) (SIR 25697)

This modification to CHCS prevents a patient from having two admissions occur simultaneously. Previously, a PAD and CLN admission could be completed using the same date and time, causing incorrect or incomplete information, and PAD order entry errors. (SIR 25826) (SCC 960900326)

In this version of CHCS, the Defense Medical Information System (DMIS) ID correctly displays in position 6 of the Message Header Segment when a patient is admitted. Previously, if there was an open admission during a merge, the DMIS ID was not included in the A30 message. (SIR 25892) (SCC 961195892)

In this version of CHCS, the Initial Admission Date entered during an ABI Admission can differ from the admission to the medical treatment facility (MTF). Previously, a software error caused the Initial Admission Date entered during an ABI Admission to revert to the date of the MTF admission. (SIR 25968) (SCC 961295968)

CHCS was modified to transfer admission (add) records to the Uniform Chart of Accounts Personnel System (UCAPERS) when a patient is admitted to an MTF. Previously, patient demographic data frequently did not transfer from CHCS to UCAPERS during admission, and had to be manually entered. (SIR 26444) (SCC 970101254)

Bassinet days should only accrue for newborns admitted or transferred to newborn nurseries if the patient is assigned a Medical Expense and Performance Reporting System (MEPRS) code of ADBA (Newborn Nursery) or AGHA. In this version of CHCS, bassinet days are correctly reported on the Standard Inpatient Data Record (SIDR). Previously, when a newborn was admitted or transferred to an Intensive Care Unit (ICU) which had a referring MEPRS code of ADBA and an ICU ward code of ADCA, bassinet days on SIDR were calculated based on the referring MEPRS code. (SIR 26571) (SCC 970500670)

This modification to CHCS allows you to change the admission date of an active patient with ABS status, to an earlier date. Previously, this caused the system to generate an error message. (SIR 27349) (SCC 971100037)

In this version of CHCS, when you admit a patient as a result of a previous APV encounter, the admission must be identified by entering the new Source of Admission; Admission Resulting from APV, Direct to Military MTF (APA). (DA 092408)

The Admission option in PAD was modified to screen all patient admissions for open APVs. The system also searches the Patient Appointment file for APV appointments with a status of KEPT that have an Arrival Date/Time that overlaps the Inpatient Disposition Date/Time. If either occurrence is found, a notification message displays and the Admission Date/Time rejected. The system requires you to disposition the patient from the APV appointment prior to proceeding with the admission. (This UDF also affects the following options: Modify Admission, Corrections and ADT View, Disposition, and Modify Disposition.) (PAD 092413)

In this version of CHCS, when proper File & Table build techniques are used, when admitting or transferring a patient to an ICU that contains multiple ICU services, the system displays a pick list of available ICU service codes for that MTF. (PAD 093351)

The system now prevents the Disposition Date from being modified to a value other than the Admission date for Carded for Record Only (CRO) admissions. (SIR 27924) (SCC 980200110)

#### **TRA Interward Transfer**

When a patient is transferred within CHCS, an A02 Transfer Patient HL7 message is transmitted. This message contains the PV1 segment which informs other systems of the patient's transfer location. This modification to CHCS, ensures that the HL7 transfer message has the correct patient location in A02/PV1. (SIR 23670) (SCC 970300153)

When you attempt to print the Outpatient SIDR Transmission to the screen by advancing through the device prompt, you now receive the warning message "You Can't Print To Home Device." Previously, the system overwrote the report when it was sent to the screen. (SIR 24587)

When generating the Outpatient SIDR, if you enter a double question mark (??) at the

'Select Outpatient SIDR Transmission Month & Year' prompt, generic help text describes the correct methods for entering the date. The previous help text displayed a pick list with the month and year of transmissions already generated. (SIR 24610)

#### **RPA Review Pending ADT Actions**

You no longer receive a system error when processing an RPA admission after printing the Medical Holding/Patient Squadron Tracking Report. Previously, if you placed an outpatient on Medical hold and printed the tracking report, a system error occurred when processing an RPA admission for another patient. (SIR 25748)

The RPA now correctly counts admissions and future admissions. (SIR 27864) (SCC980397864)

#### **COR Corrections and ADT View**

This modification to CHCS allows you to delete a previous patient episode (entered in error) if the patient has a current admission with active orders. Previously, this generated a system error message. (SIR 23473) (SCC 950800486)

Previously, a system error occurred when a patient was originally an ABI Admission at another facility and you attempted to edit the initial admission using Corrections and ADT View, and selected IAD. (SIR 24550) (SCC 960900842)

You no longer receive a data inconsistency error when you change the disposition type for a Carded for Record Only (CRO) source of admission. Previously, when the system returned an incorrect disposition type for CRO admissions and you attempted to file the record, a system error occurred. (SIR 27013) (SCC 970700936)

In this version of CHCS, when you change an admission date in Corrections Management, the change is also reflected in MSA. (SIR 27032) (SCC 970800214)

The 'Total Bed Days This MTF' field is now counted correctly in the patient record; therefore, the system no longer generates SIDR Data Inconsistency error messages. Previously, when bed days for a patient episode were charged to MEPRS Code ADC\*, and the referring MEPRS was neither ADB\* nor AGH\*, the associated bed days were counted twice in the 'Total Bed Days This MTF' field in the patient record, resulting in two SIDR Data Inconsistency error messages. (SIR 27248) (SCC 970800921)

When editing the disposition date/time in this option and an APV following the Admission episode is still open at the time of corrections management editing, you no longer receive the message,

"This Disposition Date/Time that was entered for this admission, is later than the Arrival Date/Time of an Ambulatory Procedure Unit. The overlapping date/times will need to be resolved prior to continuing". (SIR 27881)

Previously, if the patient's SSN was updated using the Edit Inpatient Registration screen, the system placed dashes in places where the SSN digits should be. The system now correctly formats the changes to the patient's SSN. (SIR 27893)

You no longer receive an error message when you edit and file a transfer and then respond with a YES to view the edits. (SIR 28005) (SCC 980398005)

[[SEARCH:ADT Processing Output Menu  
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**AOUT ADT Processing Output Menu**

## **1 Adm & Disp Recap by PATCAT**

This modification to CHCS ensures that the Admission and Disposition and the Admission and Disposition Recap totals are the same. (SIR 19531) (SCC 940300826)

## **4 Admission Cover Worksheet**

Two new fields and one label were added to the Admission Cover Sheet. These fields are:

- a) Type of Disposition
  - b) Date of Disposition
  - c) Add a field label for Living Will? Y/N
- (SIR 23856)

## **19 Admission Verification Worksheet**

CHCS did not previously have an admission form. Prior to this software version, patients had to complete several different forms (i.e., a patient information form and one or more statement forms for charges, valuables, and insurance billing). Frequently these forms were incomplete or contained errors, increasing the admission processing time.

A new system generated form, the Admission Verification Worksheet, was created to reduce patient registration errors and increase inpatient admission processing time. The form includes patient demographic information and a signature block for patients to acknowledge hospitalization charges, insurance billing, valuable safekeeping statements, and living will. (SIR 25891)

## **20 Consolidated Clinical Records Report**

Previously, CHCS did not have a report that showed all clinical record statuses for an MTF. A new CHCS report, the Consolidated Clinical Records report, displays the record status, registration number, FMP/SSN, patient name, disposition date, ward at disposition, and days past disposition date. The report is generated for a user-specified date range.

An action bar allows you to select (All) Clinical Record Status (the default) or (One). If you select "One", a pick list displays from which to choose the desired clinical record status. The valid clinical record statuses are I - Incomplete; X - Rejected; R - Released; W - Waiting; and FW - Forced Waiting. (The report does not include the statuses: C - Canceled Admissions; A - Approved; FA - Forced Approved; and T - Transmitted.)

The report also displays a subtotal per record status and a report total of all statuses. (This option may also be accessed on the ORM>DOUT>2 menu path.) (SIR 25927)

This modification to CHCS ensures that the Consolidated Clinical Record report includes only records with a valid status which need to be tracked for completeness. (SIR 26804) (SCC 970600126)

[[SEARCH:Mini ADT Output Menu  
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**MOUT Mini ADT Output Menu**

### **1 Clinical Record Cover Sheet**

Eight new fields were added to the Inpatient Record Cover Sheet (also called the Record of Inpatient Treatment or Clinical Records Cover Sheet). These fields are:



- a) Bed Days at this MTF
- b) Bed Days other Fed MTF
- c) Bed Days in Civilian Hospital
- d) Medical Hold Days
- e) Supplemental Care Days
- f) Cooperative Care Days
- g) Total Sick Days
- h) Number of Blood Units

In addition, the Signature Block was reformatted to permit a signature and a system-generated date. Adequate space is provided for an optional signature. The system also generates the name of the person approving the medical record. (SIR 25955)

### **3 Display Patient Diagnoses and Procedures**

When you admit a patient who has had prior admissions, the correct procedure code will now display when you print any prior episode. Previously, the system only displayed the procedure code from the most recent admission. (SIR 26108) (SCC 961200368)

### **8 Monthly MEPRS Detail Report**

The Monthly MEPRS Detail Report is designed to allow you to request individual ward(s) or MEPRS code(s) to be printed, or to request all wards and all MEPRS codes to be printed. Previously, when you requested the report for all wards and all MEPRS codes, it worked as designed. However, if you requested the report for selected ward(s) or MEPRS code(s), and attempted to print it to your screen, it locked your terminal. If you did the same and "tasked" (sent it to a printer or spool device), the report printed the header but no data. In this version of CHCS, both errors were corrected, allowing you to use the function as it was designed. (SIR 25809) (SCC 960900472)

In this version of CHCS, patients are properly credited for bed days on the Monthly MEPRS Detail Report, for the requested month. Previously, if the patient was admitted prior to the requested month, and dispositioned on the first day of the month following the requested month, the bed days were not credited for that month. (SIR 26527) (SCC 970200339)

This modification allows you to correctly select the division you want to appear on the Monthly MEPRS Detail Report. Previously, the system did not provide a pick list of possible divisions and only allowed you to select the default division. (SIR 27012) (SCC 970800504)

### **9 Monthly MEPRS Report**

The Monthly MEPRS Report no longer includes information for Database Administration (DBA) Inactivated Hospital/Ward locations. Previously, inactive wards were included in the Monthly MEPRS Report, which resulted in incorrect totals. (SIR 22014) (SCC 950101023)

The Remain Over Night (RON) admissions are no longer counted on the Monthly MEPRS Report. Previously, RON admissions were included in this report which resulted in incorrect totals. (SIR 25223) (SCC 960401725)

[[SEARCH:Patient Affairs/Administrative Menu

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**PAM Patient Affairs/Administrative Menu**

**AST Absence Status**

You no longer receive a system error when returning a patient from absence status. Previously, a system error was generated if the episode for the patient on absence status was in a division to which you did not have access. (SIR 27336) (SCC 970800421)

#### **BSM Bed Status Menu**

##### **BOUT Bed Status Output Menu**

##### **2 Air Evacuation Beds by Ward Report**

This modification to CHCS prevents a system error from occurring when you attempt to generate the Air Evacuation Beds by Ward Report. Previously, the available wards displayed, but you were then exited from CHCS with a system error. (SIR 27398) (SCC 971000766)

#### **CST Casualty Status**

In this version of CHCS, if you attempt to enter a Casualty Start Date with a future date, the system will generate an error message. Previously, if you entered a patient with a future Casualty Start Date, the system accepted the input. If you then tried to disposition the patient, the system prompted "DISPOSITION MUST BE AFTER" the Casualty Start Date. (SIR 25226) (SCC 960501177)

#### **POUT Patient Affairs/Administrative Output Menu**

##### **2 Casualty Status Report**

You no longer receive a system error while generating the Casualty Status report when you enter a patient name containing two commas. (SIR 20089) (SCC 940800989)

##### **6 Long Term Patient Roster**

This modification to CHCS ensures that the Long Term Patient Roster includes long term patients having an absent sick (ABS) status, but only for the division of the requesting user. (SIR 26654) (SCC 970200418)

##### **7 MEB/PEB Status Report**

This modification to CHCS ensures that the MEB/PEB Status Report only includes patients from the users division. Previously, the report incorrectly included patients from ALL divisions. (SIR 23903) (SCC 951200302)

[[SEARCH:Inpatient Record Menu

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#### **IRM Inpatient Record Menu**

##### **IRD Inpatient Final Record**

This modification to CHCS, ensures that the admission diagnosis is not deleted when the disposition diagnosis in Encoder/Grouper is deleted. Previously, if you deleted the disposition diagnosis in Encoder/Grouper and returned to CHCS, the admission diagnosis no longer appeared. (SIR 24513) (SCC 960100518)

The Outlier Payment field on the Patient Summary Report now displays only positive numbers. If a negative outlier situation occurs, the OUTLIER PAYMT field remains blank. If the patient's inpatient stay is less than the low inlier days, the Outlier Payment displays in that field. The Diagnosis Related Group (DRG) payment field displays \$0, and the "Total" displays the same amount as the Outlier Payment. In addition, the report now contains the dollar sign (\$) before the DRG PAYMT, the OUTLIER PAYMT, and the TOTAL fields. (This SCR also affects the following option: (469) Patient Summary.) (97-4335)

The field "TOTAL DAYS THIS MTF" that displays on the Inpatient Record of Treatment has been corrected to read "BED DAYS THIS MTF."  
(SIR 27921) (SCC 980397921)

**FIR Finalize Inpatient Records**  
**OBO Process One By One Batch**

A system error is no longer generated when cover sheets are batched to a printer or spool device. (SIR 20958) (SCC 940600561)

**CPR Transportable Records Management**

This modification to CHCS enables you to create a Transportable Computer-based Patient Record (TCPR) and send it to, or request it from, other MTFs.

A TCPR can be generated for active duty, family member, or retired patients. The record is primarily generated because the patient is relocating, traveling, or because it is desirable to have a provider at another facility review the patient's record. A TCPR may be transmitted prior to the patient's transfer, allowing staff at the receiving facility to review the record and access the patient's condition in advance. (CLN 090701)

When a site receives a TCPR and does not have that patient registered in their database the patient is automatically registered at that site. Once the patient is registered, the receiving site now correctly triggers an MUPD to the MPL. (SIR 27131) (SCC 970900552)

The system now uses the patient's individual SSN, patient name, date of birth, and gender when looking for a patient match. Previously, when it received a TCPR, the system compared only the FMP/SSN when looking for a patient match. This data could have been attributed to the wrong patient, especially in the case of pseudo SSN's. (SIR 27708)  
(SCC 980297708)

**CMF Create Worldwide Workload Report in ASCII Format**

This modification to CHCS allows you to log onto or switch to a lead division to create and send an American Standard Code for Information Interchange (ASCII) file by Division or Group ID. If you select an ASCII file for Group, a file for the main division and all its roll-up divisions is created and sent. If you log onto or switch to a roll-up division, you can only create and send the ASCII file for a single division. (SIR 25929)

In this version of CHCS, the ASCII file generation routine was modified to reject any division which was inactivated prior to the month of the report. It was also amended to use the service code of the lead division when generating the ASCII filename. Previously, if a lead division and an inactive division had the same DMIS ID/GROUP ID pair, the ASCII filename was generated based on the service code of the inactive division, causing the file to be rejected by the gathering organization. (SIR 26747)  
(SCC 970500121)

CHCS was modified to add a header and trailer record (each composed of 47 characters) to the Worldwide Workload Report (WWR) ASCII file. The header and trailer are used to identify the source and content of each generated ASCII file. (97-4330)

The WWR ASCII file was enhanced to contain data for APVs. Previously, this data displayed on the WWR but was not transmitted in the WWR ASCII file. Additionally, the footer on the WWR was updated to inform the user that the new Item code of '14'

was created to indicate APVs on the WWR ASCII file. (PAD 092406)

#### **ICU Hrs of Svc in ICU's by Ref MEPRS Cln Svc Report**

The system now correctly prints the division name in the header instead of the group name. Previously, the system printed header information from the Group ID file instead of the MTF file. (SIR 27952) (SCC 980397952)

[[SEARCH:Worldwide Workload Report-Print/Reprint  
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#### **WLR Worldwide Workload Report-Print/Reprint**

Section II of the Worldwide Workload Edit Ancillary codes no longer has the Worldwide Workload (WWW) Codes initially loaded into the report format. Rather than displaying the complete list for you to select ancillary codes for the MTF, the system now displays a blank screen. You may now add only those ancillary WWW codes needed by the MTF. After the initial entry of WWW codes, you can edit the initially entered raw and weighted values, add new codes, or quit. (SIR 22212)

This modification to CHCS allows you to generate the Workload Assignment Module (WAM) independently of the WWR, and to obtain accurate ICU hours. Previously, WAM did not capture the ICU Hours unless the WWR was recalculated at the same time. (SIR 25555) (SCC 960800913)

CHCS now uses the PATCAT stored at the time of the appointment (File 44.2,65) to compute workload. This allows the workload to remain with the accurate PATCAT until the end of the month when the workload data is generated.

Previously, if an active duty military patient (PATCAT A00, N00, B00, or P00) had an appointment during the month but had since died, that patient was not counted correctly on WWW Reports. CHCS used the patient's PATCAT at the registration level (File 2,8014) to compute workload. (SIR 25928)

This modification to CHCS removed CROs, ABS, and Canceled Admissions from Section IV (Personnel Excused from Duty) and Section V (Navy Only) of the WWW Report. (SIR 25993) (SCC 961295993)

Patients who were admitted and dispositioned on the first of a calendar month now only appear on the WWW Report for the current month. Previously, they appeared on the WWW Report for both the previous and the current month's report. (SIR 26502) (SCC 970300248)

This modification to CHCS prevents a system error from occurring when you print the WWW Report by fourth-level MEPRS code within Patient Category. The system now sorts unidentified Patient Categories into an "Other" group. (SIR 26518) (SCC 970400219)

#### **DDM Deficiency/Delinquency Record Menu**

##### **DDR Deficiency/Delinquency Record Entry**

This modification to CHCS prevents the Deficiency/Delinquency Record Entry (DDR) routine from referring to the obsolete global DIJF. (SIR 24781) (SCC 960401217)

This modification to CHCS ensures that when you cancel an admission, deficient/delinquent items and actions from that admission, do not appear on deficiency reports. (SIR 27041) (SCC 970500584)

#### **DOUT Deficiency/Delinquency Output Menu**

##### **1 Clinical Records Delinquent List**

The Clinical Records Delinquent List now reports all incomplete items, regardless of the delinquency status of the record. Previously, when you selected one item for the Clinical Records Delinquent List, only incomplete items from delinquent records were listed. (SIR 25438) (SCC 960500950)

## **2 Consolidated Clinical Records Report**

The Consolidated Clinical Records Report no longer lists certain records incorrectly. Previously, the report incorrectly listed some records in I, X, R, W, or FW status due to a disposition date cross-reference not being deleted after a patient merge. (SIR 26804) (SCC 970600126)

## **3 Dispositions not Received in Clinical Records**

This modification to CHCS ensures that canceled admissions do not appear on the Dispositions not Received in Clinical Records report. (SIR 24211) (SCC 960100603)

## **7 Incomplete Items MTF Summary**

You no longer receive an error message when printing the Incomplete Items MTF Summary Report. The error message was caused by a patient who did not have an admission in the Encounter file. (SIR 28041) (SCC 980398041)

## **IOUT Inpatient Record Output Menu**

### **10 Inpatient History Summary**

The Total Days Assigned are now correctly computed on the Inpatient History Summary. Previously, the report incorrectly defaulted to one day if the patient was transferred in and out on the same day. (SIR 24778) (SCC 960301010)

[[SEARCH:Inpatient Record Miscellaneous Functions Menu  
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## **IPM Inpatient Record Miscellaneous Functions Menu**

### **STH SIDR Transmittal History**

When a SIDR file is retransmitted, the generation date for the file is now updated on the SIDR Transmittal History (STH). In addition, the SIDR Transmittal History report now displays the tape generation version number. This allows you to see the number of times the tape was retransmitted. (SIR 25784) (SCC 961000969)

## **SRI SIDR/RCMAS-OSE Interface**

The DMIS ID code file (8103), contains region codes with letters. Previously, the SIDR file generation rejected records that had alphabetic region codes because it expected the region codes to contain only numeric characters. (SIR 26183) (SCC 970100044)

In this version of CHCS, the SIDR was modified to include patient enrollment data from the Defense Enrollment Eligibility Reporting System (DEERS). The following four fields were added to the Inpatient SIDR file: Alternative Care Value (ACV), Primary Care Manager (PCM) Contractor Location Code, Enrolling Division DMIS ID, and PCM Identifier. This data is stored by inpatient episode and included on the SIDR.

NOTE: The new PCM field data is the Provider SSN for individual providers and the

Tax ID for group providers. If the Provider SSN is not available for individual providers, the system searches for a Tax ID.

The new data will be utilized by the Corporate Executive Information System (CEIS) to perform Enrollment Based Capitation (EBC); however, it is available to all receiving agencies and systems.

The new EBC data fields are populated only for patient records that have an admission or disposition entered following the EBC software load date. (PAD 102253)

#### **TRA Transmit/Retrans ALL SIDR/Create RCMAS Files**

A system error is no longer generated when you transmit or re-transmit Biometric Data/Upward Reporting System (BD/URS) and answer "NO" to the print prompt. (SIR 23580)

Records are no longer deleted from the DPT ("ATM") X-Reference during retransmittal. "E" and "D" records are deleted only during the monthly create SIDR transmittal. Previously, these records were deleted during retransmittal, and therefore excluded from the next monthly create SIDR transmittal which is routinely sent to Service Biometrics Agencies. This meant that the Service Biometrics Agencies were reporting incomplete or missing "D" records. (SIR 25783) (SCC 961000968)

When a patient was admitted, transferred to, or dispositioned from an ICU, the ICU MEPRS Code was not reported for any of the clinic service elements on SIDR (Segment 2, positions 134-165). CHCS now uses the ICU MEPRS Code rather than the Referring MEPRS code when reporting the Admitting Clinic Service, 2nd Clinic Service, 3rd Clinic Service, or Dispositioning Clinic Service for patients with ICU bed days. (SIR 26181) (SCC 970100945)

The system now displays MEPRS codes correctly on the SIDR. Previously, MEPRS codes that contained a numeric in the fourth position (i.e., ACB9), incorrectly displayed as \*\*\*\* on the SIDR. (SIR 27607) (SCC 971200529)

[[SEARCH:Outpatient Record Menu  
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#### **OUT Outpatient Record Menu**

[[SEARCH:APV Delinquent Record Tracking Menu  
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#### **APV APV Delinquent Record Tracking Menu**

CHCS created a new menu with six new options. The APV Delinquent Record Tracking Menu enables you to identify the proper documentation needed to complete a patient's APV outpatient medical record, and to track the progress of the completion process. Options available through this menu are summarized below.

#### **PAR APV Record Parameters**

The system uses APV Record Parameter data to determine which items may be tracked, when each item is considered delinquent, and what record action items may be entered for each site. Standard record and action items are stored in the system for tracking purposes. The system also allows you to enter division-specific record items and actions. In addition, you may edit the Days to Delinquency field for the standard items.

#### **DDR Deficiency/Delinquency Record Entry (APV)**

The Deficiency/Delinquency Record Entry (APV) option allows you to identify and track items and actions in the patient record that are incomplete or missing. You may enter these items as they occur (prior to the patient's disposition) or after the patient's disposition from the APV.

When you enter an item, the system calculates a completion date and assigns it to that item. When you print reports, the assigned completion date is used to determine if the item/action is late. After you identify an item as incomplete, the system considers it incomplete until you enter the completion date in the appropriate field.

This option is also used to monitor a patient's record for delinquency. A record is considered delinquent if it has not arrived in the medical records area within 30 days after the patient's disposition. If any item in the patient record is delinquent, the entire record is considered delinquent.

Once the system has identified a record as delinquent, it appears on the appropriate deficiency/delinquency reports until a date is entered in the Date Completed field of this option.

#### **BAR Batch Arrival Deficiency/Delinquency (APV)**

The Batch Arrival Deficiency/Delinquency (APV) option allows you to identify incomplete disposition records in an Ambulatory Procedure Unit (APU), with the date of their arrival in the medical records department. The system allows you to process the records by group, according to their arrival date. The system performs the batch process, then notifies you with a MailMan message when it is complete.

#### **BCD Batch Completion Deficiency/Delinquency (APV)**

The Batch Completion Deficiency/Delinquency (APV) option allows you to enter completed delinquent items to be processed in batch mode. The system requires that you enter an item, action, and a completion date. The system then prompts you to select patients from a list who meet that criteria.

#### **BED Batch Entry Deficiency/Delinquency (APV)**

The Batch Entry Deficiency/Delinquency (APV) option allows you to enter an item, and information pertaining to that item, to be batched by all patients who meet that criteria. After entering the initial information, you are prompted to enter another patient, until you have entered all patients matching the criteria for that item.

The system now allows an Operation Date to be entered on the same day as the APV appointment. Previously, when an Operation Date was entered on the same day as the APV appointment in the Patient Appointment and Scheduling (PAS) Subsystem, the system displayed an error message that the Operation Date was either prior to the APV Arrival date or following the Disposition Date. (SIR 27751) (SCC980397751)

#### **DOU Deficiency/Delinquency Output Menu (APV)**

The Deficiency/Delinquency Output Menu (APV) allows you to produce reports specific to APV delinquent record tracking for outpatients who have been dispositioned. This option enables you to generate four reports, as required, to track deficiencies/delinquencies within APV records, and to ensure that records are completed in a timely manner.

Options available through this menu are summarized below.

## **1 APV Records Delinquent List**

The APV Records Delinquent List option allows you to generate a report showing all items for an APV appointment that have a Tracking Status of Incomplete (I) or Delinquent Incomplete (DI). An item is considered incomplete when it was entered into the tracking system but does not have an associated completion date. A status of DI indicates the record is currently incomplete and items have missed their allotted time allowance.

This report may be run with multiple sort criteria. You may select from seven items for the primary sort. The system defaults for the secondary and tertiary sort choices, which are determined by your primary sort choice. When applicable, the report lists total record counts, as well as subtotals for both the primary and secondary sorts.

## **2 APV Dispositions not Received in Clinical Records**

The APV Dispositions not Received in Clinical Records option allows you to generate a report which displays all records that have a disposition date and have not been received in the medical records area. This report sorts the data by APU location, with a page break separating each one. Within an APU, patients are sorted by Disposition Date and APV Tracking Number.

## **3 APV Incomplete Check List**

The APV Incomplete Check List option allows you to generate a list which tracks the status of incomplete items for a selected patient's APV episode.

## **4 APV Incomplete Items APU Summary**

The APV Incomplete Items APU Summary option allows you to generate a report of patient records with delinquent item for each APU. The report counts all items in each patient record for which an action was entered into the tracking system without an associated completion date.

The report provides subtotals of incomplete and delinquent items for each APU and totals for the entire division. (PAD 092403)

[[SEARCH:System Definitions Menu

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**SDM System Definitions Menu**

**WDF Ward Definition**

The correct ICU workload data is vital for MTF resources and accountability. This project does not require a modification to CHCS. Instead, a recommended process is outlined in the CHCS MEPRS User Desktop Guide, SAIC/DS-46DA-6036, whereby File & Table build techniques may be used to build multiple ICUs or a combination of ICU and non-ICU services contained within a single physical ward location. (PAD 093351)

## **MAS MasCal Parameters**

This new option allows you to identify each MASCAL event with a unique MASCAL prefix, and to have multiple prefix codes active at the same time within each division. In addition, authorized users can define, enter, and edit the MASCAL Event Prefix and the MASCAL Activation and Completion Date/Time associated with each MASCAL event. (PAD 091501)

The system no longer deletes the Auto Assign MASCAL Number when the MASCAL information is updated. Previously, if the Auto Assign MASCAL



#field was set to Yes and a Last Auto Assign MASCAL number was entered and filed, the system deleted the Auto Assign MASCAL number when the MASCAL information was updated. (SIR 27737) (SCC 980287737)

The system now processes the Last Auto Assign MASCAL Number correctly. Previously, when a number was entered in the Last Auto Assign MASCAL Number (e.g. 50) the system assigned the correct MASCAL number to the first patient admitted. However, it assigned subsequent MASCAL patients admitted any unused numbers between 1 and 49. This invalidated the Last Auto Assign MASCAL Number. (SIR 27745) (SCC980297745)

#### **EEC Edit Embosser Cards**

You no longer receive an error message when printing the Emboss Card to a device from the EEC option. (SIR 28086) (SCC 980398086)

#### **SRM Schedule PAD Reports Menu**

##### **9 Schedule Disposition Notice to Unit**

You no longer need to manually adjust the FORM FEED field in the TERMINAL TYPE file to prevent extraneous form feeds. Previously, an extraneous form feed in the routines that print the Index Card, the Disposition Notice to Unit, the A&D Report, and the Admission Cover Worksheet resulted in wasted paper. (This option may also be accessed on the ORM>AOUT>2,4, and 11 menu path). (SIR 26501) (SCC 961200155)

[[SEARCH:Output Reports Menu  
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#### **ORM Output Reports Menu**

##### **MOUT MEPRS Reports Menu**

##### **4 Disposition MEPRS Report**

This modification to CHCS ensures that the date of an ABS admission is correctly reported on the Disposition MEPRS Report. (SIR 23430) (SCC 950800030)

##### **8 Monthly MEPRS Detail Report**

You no longer receive a system error when the Monthly MEPRS Detail Report (MMDR) is the first report that you run for that session. (SIR 26234) (SCC 970188802)

##### **9 Monthly MEPRS Report**

When you run the Monthly MEPRS Report, you no longer receive a system error if the last Encounter file entry for a patient is missing. (SIR 25677) (SCC 960900596)

In this version of CHCS, a Subtotal column was added to the Monthly MEPRS Report. The CRO and ABS admissions and dispositions are not included in the Subtotal column; however, they are included in the Total column. (SIR 25991) (SCC 961295991)

#### **POUT Patient Affairs/Administrative Output Menu**

##### **3 Command Interest Report**

You no longer receive a system error when queuing the Command Interest Report. (SIR 27014) (SCC 970701042)

#### **DOUT Deficiency/Delinquency Output Menu**

## **2 Consolidated Clinical Records Report**

Previously, CHCS did not have a report that showed all clinical record statuses for an MTF. A new report was created in CHCS that displays the record status, registration number, FMP/SSN, patient name, disposition date, ward at disposition, and days past disposition date. The report is based on a user-specified date range.

An action bar allows you to select (All) Clinical Record Status (the default) or (One). If you select "One", a pick list displays from which to choose the desired clinical record status. The valid clinical record statuses are I - Incomplete; X - Rejected; R - Released; W - Waiting; and FW - Forced Waiting. (The report does not include the statuses: C - Canceled Admissions; A - Approved; FA - Forced Approved; and T - Transmitted.)

The report also displays a subtotal per record status and a report total of all statuses. (This option may also be accessed on the ADT>AOUT>20 menu path.) (SIR 25927)

### **EOUT Encoder Grouper Output Menu**

#### **3 Number of Dispositions and Days Data by Category**

The Number of Dispositions and Days Data by Category report now only lists patients who have been dispositioned. Previously, patients who with canceled admissions were inappropriately appearing on this report. (SIR 21849) (SCC 950301411)

#### **6 Patient Summary**

The Outlier Payment field on the Patient Summary Report now displays only positive numbers. If a negative outlier situation occurs, the OUTLIER PAYMT field remains blank. If the patient's inpatient stay is less than the low inlier days, the Outlier Payment displays in that field. The DRG payment field displays \$0, and the "Total" displays the same amount as the Outlier Payment. In addition, the report now contains the dollar sign (\$) before the DRG PAYMT, the OUTLIER PAYMT, and the TOTAL fields. (This SCR also impacts the following option: Inpatient Final Record.) (97-4335)

### **IOUT Inpatient Record Output Menu**

#### **2 Clinical Records Pending DRG Billing Report**

The Clinical Records Pending DRG Billing Report no longer stops printing after the first page and the header on the second page has printed. (This SIR also affects the following option: Clinical Records Pending DRG Billing Report.) (SIR 23951)

[[SEARCH:MISCELLANEOUS  
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#### **MISCELLANEOUS**

In this version of CHCS, the \$NEXT command was removed from PAD routines. This modification ensures that when the obsolete \$NEXT command is no longer supported by CHCS, PAD routines will continue to function properly. (SIR 22482)

This modification to CHCS enables you to print the Exception Report for Section I of the WWW Report for the year 1999 or greater. (SIR 23561)

CHCS was modified to add a flag variable to the DGSCREEN to ensure that the correct provider will then be merged. (SIR 25985)

When you enter 'I' in the 'ID CARD EXPIRATION DATE' field, the system now accepts the input and displays 'INDEFINITE' in that field. Previously, the field length was not large enough to fit 'INDEFINITE,' which caused the transform to fail. (SIR 26533)

The Uniform Chart of Accounts Personnel System (UCAPERS) functionality, which was previously used only by the Army, was enhanced to include all three service branches. The previous CHCS/UCAPERS system provided an automatic transfer of patient demographic information, consisting of admission and disposition data. UCAPERS now supports an HL7 bi-directional interface. This interface automatically transmits the patient demographic data as well as the Patient's Register Number, Date of Care, Acuity Category, and Nursing Care Hours from CHCS to Defense Medical Human Resources System interface (DMHRS). CHCS sends the HL7 messages to DMHRS when a patient is admitted; transfers to another ward; changes beds on the same ward; goes out or returns from absence; has updates to admission, transfer, disposition, or patient demographic data; or has an admission canceled. (96-3945)

This system modification enables CHCS to respond to queries received from external systems with additional HL7 messages. When CHCS receives a request from an offboard system, the request is validated by the Generic Interface System (GIS). Once a unique patient and date range are identified, a function call triggers CHCS applications to send HL7 messages to the offboard system. (PAD 101901)

Five Patient Administration System files have been modified to correctly display the year 2000 on Patient Administration reports. (SIR 27774) (SCC 980297774)

The system now includes only one PV1 segment per HL7 message. Previously, several HL7 messages (A01-Admit) displayed more than one PV1 segment for a patient. (SIR 27648)

The system now generates the message "A28 Add a Person" HL7 message. Previously, when a patient was registered using TPCR, the system did not generate the "A28 Add a Person" HL7 message. (SIR 28013)  
(SCC 980300063)

CHCS was modified to change the current "ADEERS" cross-reference of the Patient file to a FileMan group cross-reference. This modification affects DEERS transactions. (SIR 27145)

CHCS was modified to send the code for source of admission in the HL7 Segment, Sequence 4, Admission Type message. Previously, the system sent the first two characters of the field. (SIR 27524)

#### **SM Site Manager Menu**

##### **AP Archive/Purge System Management Menu**

##### **AP Archive/Purge Process Management Menu**

##### **IAR Initiate Archive/Purge Run**

This modification to CHCS ensures that the Inpatient data in the Patient Archive History file is properly updated. Now, when a record is resolved with "Ignore exception, archive anyway," the exception does not appear on the Exception Report when it is rerun. (SIR 23860) (SCC 951293860)

#### **TM TaskMan Menu**

##### **STT Schedule/Unschedule TaskMan Tasks**

This modification to CHCS ensures that the DEERS Ineligibility Report includes only ineligible patients. Previously, patients that were DEERS eligible also incorrectly appeared on the report. (SIR 27348) (SCC 971000321)

**LPR Patient Registration Menu**

**MIR Mail-In Specimen Registration**

When registering a dependent through the Lab Mail-In Registration, you are prompted for the patient's FMP and sponsor's SSN by PAD Registration software. Previously, this process resulted in a system message: "Social Security Number 999-99-9999 has already been assigned," and you were unable to continue registering a dependent. CHCS was modified to prevent the system error so you can complete the Lab Mail-In Registration. (SIR 26180) (SCC 970100251)

**CLN Clinical System Menu**

**NRS Nursing Menu**

**ADT Admissions/Dispositions/Transfers Menu**

**ATR Administrative Transfer**

A system error no longer occurs when a PAD user processes an Administrative Transfer order. Previously, when you entered an Administrative Transfer and the PAD user attempted to process the transfer, a system error was generated. (SIR 24918)

**PHY Physician Menu**

**ORE Enter/Maintain Orders**

WARD is now a required field when you enter an admission order for a patient on an active ward. Previously, a system error occurred when you bypassed the WARD field when clinically activating an admission. (SIR 22434) (SCC 960200540)

This modification to CHCS ensures that PAD processing of Clinical pre-admission orders are sent to the correct ward. Previously, when the abbreviation of a ward name matched the internal entry number (IEN) of another ward, PAD activation of a Clinical pre-admission order occurs on the wrong ward. (SIR 27338) (SCC 970900315)

When PAD processes a clinically activated admission, the Diagnosis field is automatically entered in the admission multiple in the Patient field. Previously, the Diagnosis was not in the patient record and had to be looked up manually and reentered before you could complete the admission. (SIR 26429) (SCC 970100647)

You no longer receive a system error when you enter a new prescription. Previously, a system error was generated if an inpatient page was not created during a patient admission. (SIR 26437) (SCC 970200169)

**RAD Radiology System Menu**

**EP Exam Processing Menu**

**DQ Enter/Edit Departure/QA data**

**PR Print Radiology Reports**

You no longer receive a system error when you print a Radiology Exam Report and a Carded for Record Only (CRO) Admission exists. Previously, a system error was generated when the CRO was canceled and a RAD Exam Report was run after the admission and before the canceled CRO. (SIR 27020) (SCC 970500731)

**WAM Workload Assignment Module Menu**

**4 Manage Workload Templates**

You no longer receive a system error when you batch-process templates with a status of W. (SIR 27969) (SCC 980397969)

**PAS Patient Appointment Scheduling Menu**  
**VAP Ambulatory Procedure Visits Menu**  
**CAPV Ambulatory Care Record Cover Sheet**

Previously, when the Ambulatory Care Record Cover Sheet and the Ambulatory Care Wristband were reprinted, the system incorrectly printed the appointment date/time in the APV Arrival Date/Time. The system now prints the correct APV Arrival Date/Time on the cover sheet and wrist band. (SIR 28107) (SCC 980398108)

**DTS Dietetics System Menu**  
**DM Data Management Menu**  
**AD Administrative Files Menu**  
**CC Create/Update Clinical Chemistries of Interest**

Several enhancements were made to the Abnormal Chemistries of Interest Report:

- To avoid misinterpretations of lab results, the software has been modified to interpret the results correctly when a lab test result begins with a numeric character but is actually part of a textual result. Previously, the system interpreted this as a numeric value only and displayed it incorrectly in the TEST RESULT column on the Abnormal Clinical Chemistries of Interest Report. (SIR 27935) (SCC 980397935)
- A related change is that if a lab test result is a numeric character, the system now displays the lab result on the report as it does in the Lab Result file. This avoids any confusion to the user reader. Previously, the system reformatted the result into a whole number, with a decimal to the hundredth place. (SIR 27979) (SCC 980397979)
- When a user prints the report, the system verifies that the user has the required security key when displaying sensitive lab test results. If the user does not have the appropriate security key, the message "Requesting HCP Only" displays on the report. Previously, sensitive results could be seen by users without a security key. (SIR 27980) (SCC 980397980)

[[SEARCH:MASS CASUALTY MENU  
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**MASS CASUALTY MENU**

**EMS Emergency Room Menu**  
**TAC TAC-STRAT-EVAC Reports Menu**  
**ALL TAC-STRAT Admission Information**

You can now generate the TAC-STRAT Admission report for ONE or ALL MASCAL Event(s), within a specified date range. This report was modified to display the MASCAL Prefix and the Triage Category Code. (PAD 091501)

The system now correctly displays the TAC-STRAT Admission report for ALL MASCAL Event(s) on the screen. Previously, when the report was sorted by one event, only the first three patients displayed on the screen followed by the summary page. This same report printed correctly when printed as a hard copy. (SIR 27747) (SCC 980397747)

The system now displays the correct patient information on the TAC-STRAT Admission report. Previously, if numerous patients were entered using the Enter MASCAL Admission option, and a disposition type of TAR was entered for one patient, all subsequent patients displayed on the TAC-STRAT Admission report as being transferred to the same location. The system now displays the correct patient (SIR 27602)

#### **INP TAC-STRAT Inpatient Roster (current)**

In this version of CHCS, you can generate the TAC-STRAT Inpatient Roster (current) for ONE or ALL MASCAL Event(s), within a specified date range. In addition, the Triage Category Code field was added to the report. (PAD 091501)

#### **TRI Triage Category Report**

This new option enables you to generate a report which lists the MASCAL patients entered during MASCAL Inpatient Processing, within a specified date range. You can generate the report for ONE or ALL MASCAL events. The report is sorted first by MASCAL Prefix, Date Range, or current Triage Category. The secondary sort category can be MASCAL Number, Patient Name, Ward Location, Register Number, Triage Category, or Date. If you request the report for a specific MASCAL Prefix, the MASCAL Prefix and description displays in the report header.

The report displays the following patient data: MASCAL PREFIX, PATIENT NAME, FMP/SSN, REGISTER NUMBER, WARD LOCATION, MASCAL NUMBER, ADMISSION DATE, and (current) TRIAGE CATEGORY. (PAD 091502)

[[SEARCH:PAD System Menu

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#### **PAD PAD System Menu**

##### **MCA Enter MASCAL Admission**

In this version of CHCS, when you enter a MASCAL admission, the system automatically assigns a MASCAL Prefix. If you entered 'YES' in the "auto assign" field in the MASCAL Parameters screen, a system-generated five-digit MASCAL number is appended to the MASCAL prefix. You may edit or manually enter both the MASCAL prefix code and number. (PAD 091501)

#### **MCR MASCAL Report Menu**

##### **MPL MASCAL Patient List**

In this version of CHCS, you can generate the MASCAL Patient List for ONE or ALL MASCAL Event(s), within a specified date range. In addition, the MASCAL Patient List was modified to display the MASCAL Prefix and the Triage Category Code. (PAD 091501)

[[SEARCH:SUBSYSTEMS AFFECTED

[:K:Subsystems Affected by this Update

3. SUBSYSTEMS AFFECTED BY THIS UPDATE

The following release notes are being distributed for this software release:

CLN, DBA, DTS, FQA, LAB, MCP, MSA/TPC, PAD (Including MASCAL), PAS, PHR, RAD, R/IT, TOL, and WAM

